

COMPANY LICENSE NUMBER

NOTIFICATION OF TERMINATED EMPLOYEE

PLEASE TYPE

THIS IS AN OFFICIAL NOTICE TO THE ARKANSAS BOARD OF PRIVATE INVESTIGATORS AND
PRIVATE SECURITY AGENCIES THAT _____,

(Name of Employee)

_____, WHO IS REGISTERED WITH THE BOARD AS A(N):

(Social Security #)

☐ P.S.O. ☐ C.S.O. ☐ MANAGER ☐ R-P.I. ☐ OTHER _____

IS NO LONGER EMPLOYED BY: _____

(Name of Company)

REASON FOR TERMINATION: _____

(Owner/Manager's Signature)

(Date)